



DIVISION OF DEVELOPMENTAL DISABILITIES  
Olympia, Washington

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TITLE: ADMINISTRATION OF THE ICAP POLICY 11.02  
(INVENTORY OF CLIENT AND AGENCY PLANNING)

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Authority: RCW 71A.10.020(3) *General Provisions Definitions*  
Chapter 71A.16 RCW *Developmental Disabilities Eligibility for Services*  
Chapter 388-823 WAC *Applying for a Determination of a Developmental  
Disability*

**BACKGROUND**

[RCW 71A.10.020\(3\)](#) requires that the department not use IQ as the sole determinant of eligibility under “other conditions similar to mental retardation.” [RCW 71A.16](#) grants the department the authority to define rules for eligibility and re-determination of eligibility.

WAC 388-823-0420 requires evidence of adaptive deficits using the Vineland, Scale of Independent Behavior-Revised (SIB-R), or Inventory of Client and Agency Planning (ICAP) for eligibility under epilepsy, autism, or “other condition similar to mental retardation”. An ICAP will only be administered if there is no Vineland or SIB-R score administered within the past three (3) years. If an ICAP is required, only Division of Developmental Disabilities (DDD) staff can administer the ICAP.

**PURPOSE**

This policy establishes procedures for the consistent administration of the ICAP for purposes of determining or re-determining eligibility to be a client of DDD.

**SCOPE**

This policy applies to all DDD field staff authorized to administer the ICAP.

**POLICY**

DDD shall promote the accurate and consistent administration of the ICAP by the use of initial training and compliance with statewide procedures that augment WAC 388-823-0900 through 0940.

A. DDD will achieve accuracy and consistency through the following:

1. Per WAC 388-823-0420(2) an ICAP will not be administered unless Intake and Eligibility (IE) staff determine that the current adaptive functioning impairment is the result of a developmental disability and not an unrelated injury or illness.
2. When IE staff determine that an ICAP is required, the decision must be reviewed per regional procedures and documented in the Comprehensive Assessment Reporting Evaluation (CARE) Service Episode Record (SER).

If an ICAP is required, IE staff will administer the ICAP or refer to a supervisor to assign a case/resource manager (CRM) trained to administer ICAP.

3. The administration of the ICAP will be limited to IE staff and non IE regional staff approved by Central Office and trained by a Quality Compliance Coordinator (QCC) in ICAP administration.
4. CRMs will not administer the ICAP for anyone on their caseload.

B. Administration of the ICAP

1. There must be a qualified respondent to proceed with the ICAP (WAC 388-823-0930).
  - a. If a qualified respondent cannot be identified, neither DDD nor the designated contractor can administer the ICAP and the decision will be made using other evidence (WAC 388-823-0940).
  - b. More than one respondent may be interviewed to ensure that information is complete and accurate (WAC 388-823-0930(2)).
2. Identify respondents and require the presence of the applicant for any skill demonstration.
3. Prior to the administration of the ICAP, provide the respondents with:

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- a. [DSHS 16-182, Guidelines for Completing the ICAP/SIB-R Adaptive Behavior Scale](#); and
  - b. [DSHS 10-329, Informed Consent for ICAP](#).
4. Ask the respondents to read and sign the section entitled “Declaration of Understanding” on page three of [DSHS 10-329, Informed Consent for ICAP](#).
  5. Offer the respondents the opportunity to answer questions in private and document the conversation in the SER offering them this option.
  6. Provide the respondent with a copy of the ICAP questions.
    - a. Use a translator if the respondent requests one.
    - b. The ICAP questions are available per request from DDD Central Office in other languages.
  7. Include the applicant in the discussion, but direct questions to the respondents.
  8. After reaching agreement on the responses, review the completed section with the respondents, and have them initial the bottom of each ICAP section to document their agreement.
    - a. If a respondent disagrees with a response as marked on the ICAP booklet, review the question, and either change the response or note this on the page with the reason for the different conclusion.
    - b. Observe or ask the applicant to demonstrate all of the following tasks:

**Motor Skills:** Items #1 through #11, #13, #14, #16, #17, and #18  
Suggested items for demonstration:

Foam beads in jar

      - Picks up small object (Item #1)
      - Transfers small objects from one hand to another (Item #2)
      - Puts small objects into containers and takes them out again (Item #6)

Chair

      - Observe if applicant is able to sit alone for 30 seconds with head and back held straight and steady, without support (Item #3)

- Observe if applicant is able to stand for at least five seconds by holding onto furniture or other objects (Item #4)
- Observe if applicant pulls self into a standing position (Item #5)

Stand/walk

- Stands alone and walks for at least six feet (Item #7)

Crayons and blank paper

- Scribbles or marks on a piece of paper (Item #8)

Foam beads wrapped in foil

- Removes wrapping (Item #9)

Standard round door knob or handle

- Turns a knob or handle and opens a door (Item #10)

Stairs

- If the ICAP is done in the home and the home has stairs, staff will demonstrate going up and down stairs by alternating feet from step to step (Item #11)

Scissors, thick black marker and blank paper

- Cuts along a thick straight line (Item #13)

Blank paper and pen

- Prints first name, copying from example (Item #14)

Envelope and previously used paper

- Folds letter into three equal sections and seals it in an envelope (Item #16)

Sewing needle, thread, buttons, felt

- Threads a sewing needle (Item #17)

**Note:** If client can thread a sewing needle, go to “repairs minor damage to clothing” under **Personal Living Skills**, Item #21.

**Social and Communication Skills:** Items #1 through #3, #5, #6, #8 through #10, #14, #17, #18

Suggested items for demonstration:

Informal conversation and observation

- Shakes head or otherwise indicates ‘yes’ or ‘no’ (Item #6)
- Turns head toward speaker when name is called (Item #3)

- Speaks in three or four word sentences (Item #10)

Knife, fork and spoon

- Hands toys or objects to another person (Item #5)

Common signs/symbols sheet

- Responds appropriately to most common signs, symbols, for example, staff can point to a symbol and ask client to identify it, what it is for, etc. (Item #14)

**Personal Living Skills:** Item #21

Suggested items for demonstration:

Sewing needle, thread, buttons, felt

- Sews a button on the felt and/or demonstrates sewing stitches on the felt (Item #21)

**Community Living Skills:** Item #10

Suggested items for demonstration:

Informal conversation and observation

- States day, month and year of birth (Item #10)

9. Score the ICAP using the ICAP computer program.
  - a. If administered by a CRM other than IE staff, the ICAP will be sent to an IE worker to:
    - 1) Score and enter the result in the comments section of the CARE IE screen.
    - 2) Enter “DDD” as the collateral contact and the ICAP and the CRM who administered it into the IE documents screen.
10. The staff administering the ICAP may be asked to testify at any appeals involving their assessment results.

### **EXCEPTIONS**

Any exceptions to this policy must have the prior written approval of the Division Director.

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**SUPERSESSSION:**

None.

Approved: /s/ Linda Rolfe  
Director, Division of Developmental Disabilities

Date: July 12, 2005